SIGNATURE:

## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P03000007908** 04 DEC 30 AM 8: 00 SARAT INCORPORATED Principal Place of Business Mailing Address 520 BRICKELL KEY DR, STE 0-305 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 12212004 Chg-P City & State City & State 4. FEI Number Applied For 65-1170893 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Transghbal Corporate Administration Street Address (P.O. Box Number is Not Acceptable) 320 Drickell Key Dr. Ste. 0 - 305 TRANSGLOBAL CORPORATE SERVICES 520 BRICKELL KEY DR, STE O-305 MIAMI, FL 33131 Miami Zip Code JOIGE 8. The above named entity submits th purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept nor the the obligations of regi tereci ac December 21,2004 Signature, typed or printed flame of registe ed agent and title if applicable INOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D 7D, P Delete TITLE Addition NAME SACAL, SARA J NAME Tarrab, Alberto STREET ADDRESS 520 BRICKELL KEY DR, STE O-305 STREET ADDRESS 520 Brickell Key Dr., Ste. 0-305 CITY-ST-ZiP MIAMI, FL 33131 CITY-ST-7IP Miami, FL 33131 Delete HILE ☐ Charige Addition D,5 FREEMAN, STEPHEN NAME NAME Tar*ra*b, Sara STREET ADDRESS 520 BRICKELL KEY DR., STE, 0-305 STREET ADDRESS 520 Brickell Key Dr., Ste. 0-305 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Assistant Secretary Freeman, Stephen 520 Brick et Key Dr., Ste 0-305 THEE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Migmi, FL 33131 CITY-ST-ZiP CITY - ST - ZIP 000043730230 Addition TITLE. ☐ Delete TITLE NAME 12/30/04--01021--009 \*\*61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Freemon

FILED

(305) <u>374 - 3800</u>